ŞEPA

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be as- eigned by Hq)	•
V	Mi an and all	

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

Agency; Site Tracking System; Haze	rdous Waste Enforcement To	ask Force (EN-	335); 401 M St.,	SW; Washi	ngton, DC 20460.
	I. SITE IDE	NTIFICATION			
A. SITE NAME	/ .	B. STREET (Or	other identifier)		
CITY OF CINCINNATI	MILL CREEK DUMI	0) 3320	MILL CR		
C. CITY			E. ZIP CODE	1	_
CINCINNATI		01110	45223	HAN	MILTON
G. OWNER/OPERATOR (II known)					
CITY OF CINCI	01.01.01.77			2. TELE	PHONE NUMBER
H. TYPE OF OWNERSHIP				<u> </u>	······································
1. FEDERAL 2. STATE	3. COUNTY 4. MUNIC	CIPAL5. I	PRIVATE6	UNKNOWN	
I. SITE DESCRIPTION			-		
SAME AS B+0 1 FOR INFORMAT	TION.	151FD 1	N REPOR	7. 5 d	FE TIHS LISTING
J. HOW IDENTIFIED (1.0., citizen's comp	laints, OSHA citations, etc.)				K. DATE IDENTIFIED (mo., day, & yr.)
FCHHARAT REA	PORT				10/15/79
ECHHAROT REAL PRINCIPAL STATE CONTACT		· · · · · · · · · · · · · · · · · · ·			
1. NAME				2. TELE	PHONE NUMBER
DON DAY				614-6	466-8934
	PRELIMINARY ASSESSME	NT (complete ti	his section last)		
A. APPARENT SERIOUSNESS OF PROBL		·			<u></u>
1. HIGH2. MEDIUM [3. LOW 4 NONE	5. U	INKNOWN		
B. RECOMMENDATION					
1. NO ACTION NEEDED (no hezard)			HATE SITE INSPECTATIVELY SCHEDI		
3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED F	OR:	b. WILL	BE PERFORMED	BY:	
b. WILL BE PERFORMED BY:					
		4. SITE II	NSPECTION NEED	ED (low pri	ority)
	 				
					· · · · · · · · · · · · · · · · · · ·
C. PREPARER INFORMATION					3. DATE (mo., day, & yr.)
1. NAME			PHONE NUMBER		•
DON MARSHAL	<u></u>	5/3-	461-467	0	5/8/80
	III. SITE IN	FORMATION			
A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)	2. INACTIVE (Those sites which no longer receive wastes).	3. OTHER (Those sites the no regular or co	at include such inc	idents like site for wa	"midnight dumping" where iste disposal has occurred.)
B. IS GENERATOR ON SITE?				-	
⊠ 1. NO	2. YES (apacify gener	ator's four—digit	SIC Code):	· 	
C. AREA OF SITE (in acres)	D. IF APPARENT SERIOUSNE	SS OF SITE IS	•		
	1. LATITUDE (degminsec	•)	2. LONGITU	DE (deg1	m(n.—8ec.)
-				US EPA RE	ECORDS CENTER REGION 5
E. ARE THERE BUILDINGS ON THE SIT	E?			{ { } } } } }]] }]]]]]	
1. NO 2. YES (epocity					
				 	421332

Co	ntinued From Front	_										
			<u>I</u> '	V. (CHARACTERIZATI	ОH	OF SITE ACTIVI	_				
In	dicate the major sit	e a	ctivity(ies) allet	ails	s relating to each ac	tiv	ity by marking 'X'	r. 't	he appropriate boxe:	ropriate boxes.		
' X '	A. TRANSPOR	TEI	R X	в.	STORER	×	C. TREATE	R	'x'	D. (DISPOSER	
	1. RAIL		1. PILE				1. FILTRATION		1. LANDFI	LL		
	2. SHIP		2. 5URF	A C E	MPOUNDMENT	ŀ	2. INCINERATION		2. LANDE	AR N	4	
	3. BARGE		3. DRUM	s			3. VOLUME REDUCT	ON	3. OPEN D	UМ	Р	
L	4. TRUCK		4. TANK	. A E	BOVE GROUND	1	4. RECYCLING/RECO	VE	RY 4. SURFAC	E	IMPOUNDMENT	
	5. PIPELINE		5. TANK	. 8 6	LOW GROUND	ŀ	5. CHEM./PHYS. TRE	AT	MENT 5. MIDNIGH	1 T	DUMPING	
<u> </u>	6. OTHER (specify):		6. OTHE	R (5	specify):	_!	BOLOGICAL TREA	A TA	ENT 6. INCINER	RAT	rion	
l						- 17	7. WASTE OIL REPRO	CE	SSING 7. UNDER	GRO	NOT INJECTION	
			•			-	S. SOLVENT RECOVE	RY	8. OTHER	(sp	ecify):	
ı					-	!	OTHER (specify):					
l			l									
Ē.	SPECIFY DETAILS	0 F	SITE ACTIVITIES A	S N	EEDED						· - · · · · · · · · · · · · · · · · · ·	
l												
ı												
ı												
H	- 		· · · · · · · · · · · · · · · · · · ·		V. WASTE RELAT	F D	INFORMATION					
Α.	WASTE TYPE				V. WASTE RELATE		INI ORMATION					
_ ا		٦.		_								
L]1 UNKNOWN	2 .	LIQUID 3	. \$0	OLID4. S	LU	DGE5. G	AS				
в.	WASTE CHARACTER	2157	rics									
	1. UNKNOWN	2.	CORROSIVE 3	. 10	NITABLE4 R	ΑD	OACTIVE5 H	IGH	ILY VOLATILE			
	6. TOXIC	7	REACTIVE8	. 18	ERT 9 F	LA	MMABLE					
_	_											
┷	10. OTHER (specif						· · · · · · · · · · · · · · · · · · ·				 -	
	WASTE CATEGORIE Are records of wast		vailable? Specify ite	ms	such as manifests, in	ven	ntories, etc. below.				_	
İ											7	
L-					·							
1		unt		asu		gor	ry; mark 'X' to indic	ate		res		
<u>.</u>	a. SLUDGE		b. OIL	c. SOLVENTS		d. CHEMICALS		L.	e. SOLIDS		f. OTHER	
^~	IOUNI	A M	OUNT	AMOUNT		AMOUNT		AMOUNT				
UN	IIT OF MEASURE	UN	IT OF MEASURE	URE UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UN	NIT OF MEASURE	
										ON OF MEASURE		
'X'		'X'		· x '	<u> </u>	٠x	,	·×		·×	,	
Ĥ	(1) PAINT, PIGMENTS	Ĥ	(1) OIL Y WASTES	Ĥ	(1) HALOGENATED SOLVENTS	户	(1) A CIDS	f	(1) FLYASH	Ĥ	(1) PHARMACEUT.	
		-				H	(0) 51614 1116	 		H		
	(2) METALS SLUDGES	-	(2)OTHER(specify):		(2) NON-HALOGNTD. SOLVENTS	1	(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
				\vdash	(2) 6 7115 8 (2222)		 	┢	(2) MU 1 19 6 (
	(3) POTW			\vdash	(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS	l	(3) RADIOACTIVE	
		ľ				Γ		1			·	
	(4) A LUMINUM SLUDGE			ŀ			(4) PESTICIDES		(4) FERROUS SMLTG. WASTES	Ì	(4) MUNICIPAL	
	(5) OTHER(specify):			ŀ		r	(5) DYES/INKS	T	(E) NON-FERROUS		(5) OTHER(specify):	
						_	(S) D Y ES) IN KS	-	(5) NON-FERROUS SMLTG. WASTES (6) OTHER(Specify):			
							(6) CYANIDE	\vdash				
						Г	(7) PHENOLS					
						\vdash						
							(8) HALOGENS					
						Г		1		1		
						L	(9) PCB					
							(10) METALS					
						 	(11) OTHER (consider)					
							L(11) OTHER(specify)					
						l		l				

WASTE RELATED INFORMATION (continued)

3.	LIST SUBSTANCES	OF GREA	TEST CON	CERN WHICH MA	Y BE ON THE	SITE (place in deac	ending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

		VI. HAZ	ARD DESCRIPTI	ON
A, TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS
1. NO HAZARD			the second	
2. HUMAN HEALTH	1			
3. NON-WORKER 3. NOURY/EXPOSURE				
4. WORKER INJURY				_
5. CONTAMINATION 5. OF WATER SUPPLY				
6. OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION 8. OF SURFACE WATER				•
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR			···	
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (epecify):				

Continued From Front				<u></u>	
			VII. PERMIT INFO	RMATION '-'	
A. INDICATE ALL APPLI	ICABLE PEF	MITS HELD BY TH	E SITE.		
1. NPDES PERMIT	2. SPC	CC PLAN	3. STATE PERMIT	specify):	
4. AIR PERMITS	5. LO	CAL PERMIT	6. RCRA TRANSPOR	RTER	
7 RCRA STORER	8. RCI		9 RCRA DISPOSER		
10. OTHER (specify)	·):				
B. IN COMPLIANCE?					
1. YES	2. NO		3. UNKNOWN		
4. WITH RESPECT 1	TO (list regul	lation name & numbe.	r):		
		VIII. F	PAST REGULATOR	RY ACTIONS	
A. NONE	B. YE	ES (summarize below	·)		
		IX. INSPEC	CTION ACTIVITY	(nest or on-doing)	
		Afai iiver we	TION ACTIVITY	past or oir-going)	
A NONE	B. YES	S (complete items 1,2	2,3, & 4 below)		•
1. TYPE OF ACTIV	V'TY	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY: (EPA/State)	4. DESCRIPTION	
				-	
		 	+	· · · · · · · · · · · · · · · · · · ·	
		 			
		X. REM	EDIAL ACTIVITY	(past or on-going)	*
A. NONE	B. YE:	S (complete items 1,			
1. TYPE OF ACTIV	VITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION	
					_
		 	 		•
			+		
womp Dead and		. CAl W	- 1 V C11	A Dati in American (Continu	771
				out the Preliminary Assessment (Section I	(1)
information c	on the first	page of this for	m.		

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OTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be as- eigned by Hq)
V	Ott-anala 1110

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

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•				
	ENTIFICATION	r other identifier)		
A. SITE NAME				
B+O DUMP	D. STATE	AN 4 SPR	NGROVE	·
		E. ZIP CODE		
CINCINNATI G. OWNER/OPERATOR (If known)	OHIO	<u></u>	HAMILTON	
1, NAME			2. TELEPHONE NUMBE	R
CITY OF CINCINNATI H. TYPE OF OWNERSHIP				
H. TYPE OF OWNERSHIP ☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY 📈 4 MUI	—			
1. FEDERAL 2. STATE 3. COUNTY 34 MUI	NICIPAL	PRIVATE	JNKNOWN	
I. SITE DESCRIPTION CITY DISPOSED OF INCINERATION A	SH AND B	OULH WASTE	SUEH AS AF	PAIANCES
AND DEMOLITION, CLOSED IN 1973				· · · · · · · · · · · · · · · · · · ·
J. HOW IDENTIFIED (i.e., citizen'e complaints, OSHA citations, etc.)			K. DATE IDEI (mo., day, d	
ECHHARDT REPORT			10/15/	
1. NAME			2. TELEPHONE NUMBE	R
DON DAY II. PRELIMINARY ASSESSM A. APPARENT SERIOUSNESS OF PROBLEM			614-466-89	34
II. PRELIMINARY ASSESSM	ENT (complete t	his section last)		
A. APPARENT SERIOUSNESS OF PROBLEM				
☐1. HIGH ☐2. MEDIUM 🔀 3. LOW ☐4 NON	E5, t	ЛИКИОМИ		
B. RECOMMENDATION				
1. NO ACTION NEEDED (ne hossed)	2. IMMED a. TEN	DIATE SITE INSPECTATIVELY SCHEDU	TION NEEDED	
3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR:	b. WILL	BE PERFORMED E	3Y:	
b. WILL BE PERFORMED BY:				
	4. SITE I	NSPECTION NEEDS	D (low priority)	
				
0.0000000000000000000000000000000000000				
C. PREPARER INFORMATION 1. NAME	12. TELE	PHONE NUMBER	3. DA FE (mo.,	day, & yr.)
			-1-1	
DON MARSHALL		- 461-467	0 3/0/8	0
	INFORMATION			
A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal		hat include such inci	denta like "midnight dump aite for waste disposal ha	ing" where
on a continuing basis, even if intre— quently.)				
B. IS GENERATOR ON SITE?				
∑1. NO	nerator'a four—digi	i SIC Code):		
C. AREA OF SITE (In acres) D. IF APPARENT SERIOUS				
g acres	ec.)	2. LONGITUI	DE (deg:min:sec:)	
E. ARE THERE BUILDINGS ON THE SITE?				
1. NO 2. YES (epecify):				

C_o	Continued From Front													
					-			OF SITE ACTIVIT						
In	licate the major sit	e act	tivity(ie	s) an	-1:	relating to each a	cti	vity by marking 'X' i	in t	ppr	op	riate boxes	5.	
' X '	A. TRANSPOR	TER	-	x:	Β.	STORER	' X 1	C. TREATE	R		x '	C	o. c	DISPOSER
	1. RAIL			1. PILE				1. FILTRATION			X	1. LANDE	L L,	
	2. SHIP			2. SUKFA	CE	E IMPOUNDMENT	X	2. INCINERATION				2. LANDFA	RM	1
L	3. BARGE		\longrightarrow	3. DRUM	5			3. VOLUME REDUCT	ION			3. OPEN D	UM	P
L	4. TRUCK			4. TANK	AE	BOVE GROUND		4. RECYCLING/RECO	OVE	RY		4. SURFAC	E !	MPOUNDMENT
	5. PIPELINE			5. TANK	ВЕ	LOW GROUND		5. CHEM./PHYS. TRE	AT	MENT		5. MIDNIGH	1 T	DUMPING
	6. OTHER (specify):		~ }	6. OTHE	R (specify):		6. BIOLOGICAL TREA	A T N	ENT		6. INCINER	RA T	TON
			1					7. WASTE OIL REPRO	CE	SSING		7. UNDERG	RC	OUND INJECTION
								8. SOLVENT RECOVE	RY			8. OTHER (spe	ecity):
								9. OTHER (specify):		1				
														
E.	E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED CITY OF CINCINNATI INCINERATED MUNICIPAL WASTE IN INCINERATION AND LANDFILLED													
								COULD NOT BE						
A	NO DEMOLITIE	10	NBi	TAIRMIN	4	12.1.1 M 11.5 N	, ,,4	ISTE WAS EVE	N	D15/2	 >5,	OON	5,	TE. SITE
	LOSED 1993	· .	, ,	1104-0		7 6578-85 - 0 -								
						V. WASTE RELAT	ΕC	INFORMATION						
Α.	WASTE TYPE													
	1 UNKNOWN			⊠3	. s	OLID4. S	;Ll	JDGE5. G	AS					
	WASTE CHARACTER													
		_				SNITABLE			IIGH	ILY VO	LA	TILE		
L	6. TOXIC	_ 7 R	REACTIV	/E8	. 16	ERT9 F	- 6	AMMABLE						
Þ	10. OTHER (specify	y): <u>K</u>	<u>ZELA</u>	TIVELY	·	INSRT F	oR	INCINERATOR	2	RES	12	v E		
Ċ.	WASTE CATEGORIE	S				such as manifests, ir			_					
•	_	es av	BIIMDIE	Specify 114	nıs	SUCH MS MUNICESIS, 11	7V E	entones, etc. below.						•
	NO													
2	. Estimate the amo	unt(s	specify	unit of mea	su	re) of waste by cate	ego	ory; mark 'X' to indic	ate	which	we	stes are p	res	ent.
	a. SLUDGE		ь. О	IL	c. SOLVENTS d. CHEMICALS			e. SOLIDS			IDS	L	f. OTHER	
ŀ	TNUOI	AMO	UNT	_	AMOUNT		1	AMOUNT		AMOUNT			AMOUNT	
			riNi			NTINOUN		UNTROUN		UNIT OF MEASURE				
UN	IIT OF MEASURE	UNIT	T OF ME	ASURE	UN	NIT OF MEASURE	U	NIT OF MEASURE	101	NIT OF	ME	ASURE	UΝ	NIT OF MEASURE
		 			L	1	+	т	L				L	
. X.	(1) PAINT, PIGMENTS	Ι <mark>Χ΄</mark> (1) OILY WAST	E5	, X,	(1) HALOGENATED SOLVENTS	'2	(1) A CIDS	.×.	(1) FLY	' A 5	н	'.X.	(T) LABORATORY PHARMACEUT.
		\Box	210 THE	R(specify):	-	(2) NON-HALOGNTD	+	(2) PICKLING	十		_		\vdash	<u> </u>
	SLUDGES		2 , 2	W(2F2=3-3)		SOLVENTS	1	LIQUORS		(2) ASE			_	(2) HOSPITAL
	(3) POTW](3)OTHER(specify):	L	(3) CAUSTICS		(3) MIL MIN		NG/ TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE							(4) PESTICIDES		(4) FEF 5ML	RRC TG	OUS . WASTES		(4) MUNICIPAL
	(5) OTHER(specify):							(5) DYES/INKS		(5) NON	ν• F . T G	ERROUS . WASTES	_	(5) OTHER(specify):
								(6) CYANIDE	X	(6) OTH		(specify):		
							\vdash		∤"	ひといとり	D	V 6		İ
							L	(7) PHENOLS		uck w	45	STE SUCH		
							(8) HALOGENS	AS APPINANCES DEMOLITION						
								(9) PCB	1					
								(10) METALS						ļ
			•				\vdash	 	1					ļ
							\vdash	j(11)OTHER(apecify)						
							1							

-	-							_		
	V.	WA	STE	RFIA	TFI	DINF	ORMA	TION	(con	tina

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

MAY HAVE TAKEN QUANTITIES OF UNKNOWN INDUSTRIAL LIQUIDS AND SLUDGES.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

SITE WAS ARIMARILY USED FOR INCIDENTATOR RESIDUE TRULK MUNICIPAL WASTE. IF
ANY INDUSTRIAL WASTE WAS LANDFILLED HERE IT WAS VERY SMALL AMOUNT.

		VI. HAZ	ARD DESCRIPTI	ОИ		
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)		E. REMARKS	
1. NO HAZARD						
2. HUMAN HEALTH						
3. NON-WORKER NJURY/EXPOSURE						
4. WORKER INJURY						
5. OF WATER SUPPLY						
6. OF FOOD CHAIN						
7. CONTAMINATION OF GROUND WATER						
8. CONTAMINATION OF SURFACE WATER						
9. DAMAGE TO FLORA/FAUNA						
10. FISH KILL						
11. CONTAMINATION OF AIR						
12. NOTICEABLE ODORS						
13. CONTAMINATION OF SOIL						
14. PROPERTY DAMAGE						
15. FIRE OR EXPLOSION						
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS						
17. SEWER, STORM DRAIN PROBLEMS						
18. EROSION PROBLEMS						
19. INADEQUATE SECURITY						
20. INCOMPATIBLE WASTES						
21. MIDNIGHT DUMPING						
2 2. OTHER (specify):						

Continued From Front					•	4 0
			II. PERMIT INFO	RMATION		
A. INDICATE ALL APPLI	CABLE PER	MITS HELD BY TH	E SITE OPERATE	O BEFERE	PERMITS REQUIRED	IN 1469.
1. NPDES PERMIT	2. SPC	C PLAN	3. STATE PERMIT	(specify): とん.;	O WASTE DISPOSAL	11/4-00-1-
4. AIR PERMITS		CAL PERMIT	6. RCRA TRANSPO	RTER FA	en 1969-1923	.166-10-16
7 RCRA STORER	_	RA TREATER			_	
				·		
10. OTHER (specify)	12					
B. IN COMPLIANCE?						
1. YES	2. NO		3. UNKNOWN			
4. WITH RESPECT	ro (list regul	ation name & numbe	r): #77	SITE CLO	560	
	· ·	VIII. F	PAST REGULATO	RY ACTIONS		
A. NONE	B. YE	S (summarize below)			
	· · · · · · · · · · · · · · · · · · ·	IX INSPE	TION ACTIVITY	(nest or on-dois	nd)	
		17. INJ. E	CITON ACTIVITY	(past of on-gon	('B)	
A. NONE	B. YES	(complete items 1,	2,3, & 4 below)			·
1. TYPE OF ACTIV	/1 T V	2 DATE OF PAST ACTION	3 PERFORMED BY:		4. DESCRIPTION	
1. THE OF ACT.	····	(mo, day, & yr.)	(EPA/State)		4. DESCRIPTION	
				<u> </u>		
		İ				
	 -					
				İ		
		X. REM	EDIAL ACTIVITY	(past or on-goi	ng)	
A. NONE	B. YE	S (complete items 1,	2, 3, & 4 below)			
1. TYPE OF ACTIV	VITY	2. DATE OF PAST ACTION (mos, day, & yrs)	3. PERFORMED BY: (EPA/State)		4. DESCRIPTION	
			ļ			•
			L			

EPA Form T2070-2 (10-79)

information on the first page of this form.

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II)